From: Pam Bailey <pamela.bailey@omniplushealthcare.com>

Sent: Monday, April 20, 2015 5:33 PM **To:** Scott Breimeister; Leonard Carr; 'Brian'

Cc: Brad Madrid **Subject:** Viesca SB scripts

Attachments: Amburn.pdf; Bengco.pdf; Chanler.pdf; Choi.pdf; Coleman.pdf; Grochala.pdf; Hale.pdf; Kempinski.pdf;

Kerwin.pdf; LOPEZ.pdf; McDermott.pdf; MCJIMPSON.pdf; Murillo.pdf; Pavia.pdf; Pritchard.pdf;

Santiago.pdf

Here are his scripts to be signed.



Pamela J. Bailey CPhT | Claims Processing / Customer Service Manager | pamela.bailey@omniplushealthcare.com | (832) 742-8382 direct | (713) 874-0300 pharmacy | (713) 874-0314 fax 4916 Main Street, #100, Houston, TX 77002 | www.omniplushealthcare.com

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GOVERNMENT EXHIBIT 1054 4:18-CR-368

	-4:18-cr-00368 L	Jocume i	nt 533-16:	o Filed 0	Carrier:	3 IN IXSD Pa Insurar	ige 2 of 17 nce info	
Kenneth Amb		Phone			Carrier.			
Address	Cell	riione			Bin#		PCN#	
		Stato	Zip 799	934	Group #			
A II .		State _T 2	7	934	Member I	D #		
^{Allergies} Cepha	lexin, Leveti	raceta	ım	J			l V.	
Diag.					Workers C	Lomp	Yes	No
					DOI		Claim #	
PAIN-TRANSDE	RMAL Any added controlle	d substances mu	st be handwritten.	SCAR			STRET	CH MARK
NCP-7B: Neuropathic & Chronic Pain Flurbiprofen	NCP-9: Neuropathic & Chronic Pain Baclofen	Inflan Flurbiprofe Cyclobenz	ral Pain / nmation en	Levocet Pentoxi □ For p a	one	☐ For elasticity, add: Hyaluronic Acid	Levocetirizii Pentoxifyllir	
Gabapentin	Lidocaine	Add:	y 1-2 pumps to ted area 3-4 s daily; 1 pump =	Gabape SIG: Ap	oump = 1.5 gm 300 gm \qu	ected area 3-4 times daily;	Vitamin D3 Vitamin C Estradiol SIG: Apply affecte daily; 1 Qty: □ 300	
Refills:	Refills:	Refills:					Refills:	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
DERM-2: Topical Anti Fungal Cream Fluticasone	□ DERM-5: Contact Dermatitis / Eczema Fluticasone	TX ACNE #3B (Topical) Erythromycin		DERM-7: Plantar Fasciitis Diclofenac		MGL-1A: Migraine Topiramate	3 H. 5% Flutica: 2% Finaste Minoxi Tretino 10% For w (No Fir sto -4 times 1.5 gm Qty:	ALP CARE - air Solution sone
METABOLIC SUPP	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT
SB-1: 5-MTHF	SB-2: 0 mcg 0 mcg 0 mcg 90 mg 20 mg 500 mg 00 mg 00 mg 1 twice Resveratrol Powder Pyridoxal-5-Phosphate Beta Carotene daily Qty: 60 capsules Refills: PRN	25 mg 2,500 IU	Melatonin Methylcobalar N-Acetylcystei Glutathione Diphenydrami 5-HTP SIG: Take 1 car once daily Qty: 30 caps Refills:		Magne Zinc G Boron Coppe Betain Coenz 5-MTH SIG: Take 1 ca daily or a	tone Health In D3	Coenzyme (5-HTP Acidophilus Bupropion Psyllium Hu SIG: Take 1	
Other								
Prescriber Name: Car	clos Viesca			NPI#: -	L6098561	.94		
	BV80865				5-533-74	.65		
				THORIE #:		Fax#:		
Address: 1/55 Cl	urie El Paso	, rexa		1054.002				

Patient Case	4:18-Cr-00368 L	ocume i	11 233-105	rilea o	11 0 1122123	Insurar		omps
Harold Ben	aco				Carrier:			о <u>г</u> о
Home Phone		Phone			Bin#		PCN#	
Address								
City El Paso		Sta TeX	Zip 79	934	Group #			
Allergies NKDA					Member II	D#		
WICDA					Workers C	omp	Yes	No
Diag.								
					DOI		Claim #	
PAIN-TRANSDEI	Any added controlled	d substances mu	st be handwritten.	SCAR	•		STRETO	CH MARK
□ NCP-7B:	□ NCP-9:	☐ GPI-2		☐ Scai			☐ Stretch	
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		ral Pain / nmation		one1% irizine2%	☐ For elasticity, add: Hyaluronic Acid 0.2%	Elastici	ty 1%
Flurbiprofen20%	Baclofen 2%		en 20%		fylline 0.5%	Vitamin D3 0.05%		1% ne2%
Baclofen 2%	Cyclobenzaprine 2%		aprine 2%	☐ For pa	ainful scars, add:	Vitamin C 5%		e 0.5%
Cyclobenzaprine 2%	Gabapentin 6%	Baclofen	2%		ne 3%	Estradiol 0.1%		se0.2%
Gabapentin 6% Lidocaine	Lidocaine 2% Diclofenac 3%			Gabape	ntin15%			5%
Add:	Add:		y 1-2 pumps to	SIC. A	unlu 1 2 muumma ta affa	satural area 2 4 times a daile.	Estradiol	0.1%
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pumps to		ted area 3-4 s daily; 1 pump =		oply 1-2 pumps to alle oump = 1.5 gm	ected area 3-4 times daily;	SIG: Apply 1	
affected area 3-4 times daily; 1 pump = 1.5 gm	affected area 3-4 times daily; 1 pump = 1.5 gm	1.5 g			300 gm □			d area 3-4 times pump = 1.5 gm
Qty: □ 300 gm □	Qty: □ 300 gm □		 0 gm □	Refills:				gm 🗆
Refills:	Refills:	Refills:					Refills:	
DERMATOLOGIC	TAL /ACNE					SPECIALTY		
DERMATOLOGIC	AL/ACNE					SPECIALIY		
☐ DERM-2:	☐ DERM-5: Contact	☐ TX AC		☐ DERM-7	•	☐ MGL-1A:		LP CARE -
Topical Anti	Dermatitis /	(Topic		Plantar	Fasciitis	Migraine		air Solution
Fungal Cream	Eczema		cin 2% de 5%		5%	Topiramate		one0.2%
Fluticasone1% Fluconazole	Fluticasone		in 1%			Baclofen Cyclobenzaprine		ride 0.2% dil 5%
Pentoxifylline 0.5%	Coenzyme Q10 4%	Urea	20%		2%	Lidocaine		in
Lidocaine2%	☐ Contact Dermatitis	,	eroxide 2.5% e 1%	Verapamil		Flurbiprofen		omen:
Hydroxyzine2% SIG: Apply 1-2 pumps to	with pain, add:		ite 0.03%	Hydrochlor	ride 10%	Apomorphine	(1401111	asteride)
affected area 3-4	Lidocaine		I 3%	Add:		SIG: Apply 1-2 pump affected area 3-	445	oply up to 2 mls to
times daily; 1 pump =	SIG: Apply 1-2 pumps to		y 1-2 pumps mes a day as	SIG: Apply 1-	2 pumps to area 3-4 times	daily; 1 pump =	30	alp 2 times a day
1.5 gm	affected area 3-4 times		icted;		oump = 1.5 gm	Qty: □ 300 gm		l 120 ml
Qty: □ 300 gm	daily; 1 pump = 1.5 gm		mp = 1.5 gm	Qty: □ 300 g		□		l
Refills:	Qty: □ 300 gm □ Refills:	Qty: 120 g		Refills:		Refills:	Refills:	
METABOLIC SUPPL	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT
△ Super-SB: General	Wellness		☐ KP-1: Ins	omnia	☐ KP-71: B	one Health		
SB-1:	SB-2:		Melatonin			n D3 20 mg	☐ ADP-6	
5-MTHF 500 Alpha Lipoic Acid	. •		Methylcobalan	-		sium Oxide 400 mg		amin 20 mg
Coenzyme Q10 10	, ,		N-Acetylcystei Glutathione	-		uconate 69.6 mg 1 mg)10 75 mg 100 mg
Methylcobalamin	20 mg SIG: Take 1 capsule by m		Diphenydrami			r Gluconate 7.14 mg		100 mg
EGCG	no ma		5-HTP	150 mg		e 25 mg		50 mg
Vitamin E 10 Glutathione	Qty: 00_capsules		SIG: Take 1 cap	sule by mouth		yme Q10 100 mg F 5 mg		sk100 mg capsule in the
SIG: Take 1 capsule by mouth	twice Ketils:			at bedtime		psule by mouth once		ig as directed
daily	DN		Qty: □ 30 caps	ules	daily or a	s directed	Qty: 30 caps	sules
Qty: 60 capsules Refills: P	<u>V.11/</u>		Refills:		Qty: 30 capsu	les Refills:	Refills:	
Other								
Prescriber Name: Car	los Viesca			NPI#:	L6098561	94		
Lic. #:	D110000	91			5-533-74			
Address: 1755 Cu	rie El Paso,	Texa	s 79902					

GX1054.003

Date:

NKDA Workers Comp Yes No	Patient Case	· 4:18-cr-00368 - L	Jocume	nt 533-16:	o Filed 0	Carrier:	Insurar	ge 4 of 17 nce info	
Allerges NEDA Allerges	Home Phone	Cel	Phone					DCN#	
Allergies NKDA	Address					Bin#		PCN#	
PAIN-TRANSDERMAL Department	City Cotton Va	allev	Stratze	Zip 71	018	Group #			
Diag.	Allergies	riicy		/	010	Member II	D #		
PAIN-TRANSDERMAL NCP-78: NCP-95: NCP-95						Workers C	omp	Yes	No
NCP-78: Neuropathic & Chronic Pain NCP-9: General Pain / Inflammation Neuropathic & Chronic Pain Null powder 20% Secretary	Diag.					DOI		Claim #	
NCP-78: Neuropathic & Chronic Pain Schronic Pain Schronic Pain Schronic Pain Schronic Pain Schronic Pain Scholar Pain Schronic Pain Sch						55.		Ciuiii ii	
Neuropathic & Chronic Pain Chronic Pain Education 19	PAIN-TRANSDE	RMAL Any added controlle	d substances mu	st be handwritten.	SCAR	•		STRET	CH MARK
DERM-2:	Neuropathic & Chronic Pain Flurbiprofen	Neuropathic & Chronic Pain Baclofen	Gene Inflan Flurbiprof Cyclobenz Baclofen Add: SIG: Appl affec time 1.5 g Qty: 30	ral Pain / nmation en	Fluticas Levocet Pentoxi For p Prilocai Gabape SIG: A 1 Qty:	one	Hyaluronic Acid	Elastici Fluticasone Levocetirizir Pentoxifyllir Hyaluronida Vitamin D3 Vitamin C Estradiol SIG: Apply affecte daily; 1 Qty: 300	
Dematitis / Ezema Fluticasone 1% Fluticasone 1% Microamide 5% Fluticasone 1% Microamide 5% Microamable 2% Microamable	DERMATOLOGIC	CAL/ACNE					SPECIALTY		
Super-SB: General Wellness SB-1: SB-2: SB-2: SB-2: SB-2: SW-71: Insomnia Melatonin	Topical Anti Fungal Cream Fluticasone	Dermatitis / Eczema Fluticasone	(Topic Erythromy Niacinami Clindamyc Urea Benzoyl Pé Fluticason Silver Nitra Tea Tree O SIG: Appl 3-4 t instr 1 pur Qty: 120 g	cal) cin2% de5% in1% 20% eroxide25% e1% ate0.03% il3% y 1-2 pumps imes a day as ucted; mp = 1.5 gm m	Plantar Diclofenac Baclofen Fluticasone Lidocaine Verapamil Hydrochlo Add: SIG: Apply 1- affected daily; 1 g Qty: 300 g	Fasciitis	Migraine Topiramate	3 H:	air Solution
Carlos Viesca S-H: S-HTF S-D mg	METABOLIC SUPP	LEMENTS		INSOMNI	А	BONE HE	ALTH		MENT
Prescriber Name: Carlos Viesca NPI#: 1609856194 Lic.#: DEA#: BV8086591 Phone #: 915-533-7465 Fax#:	SB-1: 5-MTHF	SB-2: 0 mcg 0 mcg 0 mcg 90 mg 20 mg 500 mg 00 mg 00 mg 00 mg 1 twice Resveratrol Powder Pyridoxal-5-Phosphate Beta Carotene SIG: Take 1 capsule by r daily Oty: 60 capsules Refills: PRN	25 mg 2,500 IU	Melatonin Methylcobalar N-Acetylcystei Glutathione Diphenydrami 5-HTP SIG: Take 1 car once daily Qty: 30 caps		KP-71: Vitamin Magne Zinc Gl Boron Copper Betaine Coenzy 5-MTH SIG: Take 1 ca daily or a	n D3	ADP-6 Methylcoba Coenzyne C 5-HTP Acidophilus Bupropion Psyllium Hu SIG: Take 1 mornir Qty: 30 cap	lamin
Lic.#:	Other								
Lic.#:	Prescriber Name: Car	clos Viesca			NPI #:	L6098561	94		
						5-533-74	65		
					HOHE #		rax#:		

	-4:18-cr-00368 	Jocume	DOB	7 1104 0		Insurai	nce info C	omps
Slgi Choi		I Di			Carrier:			
Home Phone	Cel	l Phone			Bin#		PCN#	
Address			- 50	204	Group #			
City El Paso		State	Zip 799	904	Member I	D #		
Allergies NKDA					Workers C		Yes	No
Diag.					Workers	.omp	res	INO
					DOI		Claim #	
PAIN-TRANSDE	RMAL Any added controlle	ed substances mu	st be handwritten.	SCAR			STRET	CH MARK
NCP-7B: Neuropathic & Chronic Pain Flurbiprofen	NCP-9: Neuropathic & Chronic Pain Baclofen	Inflan Flurbiprof	ral Pain / nmation en	Levocet Pentoxif	one	☐ For elasticity, add: Hyaluronic Acid 0.29 Vitamin D3 0.059 Vitamin C 59	6 Levocetirizi 6 Pentoxifyllii	ity1% ne2% ne2%
Cyclobenzaprine	Gabapentin	Baclofen Add: SIG: Appl affec time: 1.5 g	y 1-2 pumps to ted area 3-4 s daily; 1 pump =	Prilocair Gabape SIG: Ap 1 p Qty: \Box	ne	Estradiol 0.1% ected area 3-4 times daily;	Vitamin D3 Vitamin C Estradiol SIG: Apply affecte daily;	ase
Refills:	Refills:	Refills:		Refills: _			Refills:	_
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
DERM-2: Topical Anti Fungal Cream Fluticasone	□ DERM-5: Contact Dermatitis / Eczema Fluticasone	Niacinami Clindamyc Urea Benzoyl Pe Fluticason Silver Nitra Tea Tree Oi SIG: Appl 3-4 ti instri	cial) cin	Baclofen Fluticasone Lidocaine Verapamil Hydrochlor Add: SIG: Apply 1- affected	Fasciitis	MGL-1A: Migraine Topiramate	3 H	ALP CARE - air Solution sone
METABOLIC SUPPI	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	EMENT
Super-SB: General SB-1: 5-MTHF	SB-2: 0 mcg 0 mcg 0 mcg 0 mcg 0 mg 00 mg 500 mg 00 mg 00 mg 00 mg 00 mg Refills: PRN	25 mg 2,500 IU	Qty: □ 30 caps	3 mg min 5 mg ne 125 mg 50 mg ne 20 mg 150 mg bsule by mouth at bedtime sules	Magne Zinc Gl Boron Coppe Betain Coenzy 5-MTH SIG: Take 1 ca daily or a	one Health n D3	Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 1	alamin
SIG: Take 1 capsule by mouth daily Qty: 60 capsules Refills: P	<u>PRN</u>		Refills:		Qij. So cupsu			
SIG: Take 1 capsule by mouth daily Qty: 60 capsules Refills: P	PRN				Q.y. 30 capsu			
SIG: Take 1 capsule by mouth daily Qty: 60 capsules Refills: P Other					16098561	.94		
SIG: Take 1 capsule by mouth daily Qty: 60 capsules Refills: P Other Prescriber Name: Car				NPI #:	L6098561			

Patient Case	4:18-Cr-00308 L	Jocume	ni 533-16	rilea o	11 0 112212	3 M I XSD - Pa Insurar	i ge 6 01 1 . nce info	oomps
Patricia Co	leman				Carrier:			
Home Phone	Cel	Phone	L		Bin#		PCN#	
Address								
City El Paso		Staterx	Zip 79	934	Group #			
Allergies					Member	ID#		
NKDA					Workers	Сотр	Yes	No
Diag.								-
					DOI		Claim #	
PAIN-TRANSDE	Any added controlle	d substances m	ust be handwritten.	SCAR	•		STRET	TCH MARK
□ NCP-7B: Neuropathic & Chronic Pain Flurbiprofen20%	NCP-9: Neuropathic & Chronic Pain Baclofen	Inflar	eral Pain / mmation fen 20%	Levocet	one1% irizine2% ylline	☐ For elasticity, add: Hyaluronic Acid 0.2% Vitamin D3 0.05%	Elasti 6 Fluticasor 6 Levocetiri	ne1% zine2%
Baclofen	Cyclobenzaprine 2% Gabapentin 6% Lidocaine 2% Diclofenac 3%	Baclofen .	zaprine 2% 2%	Prilocair	ninful scars, add: ne	Vitamin C	Hyaluroni Vitamin D	lline0.5% dase0.2% 13
Add:SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm	Add: SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm	affe	ly 1-2 pumps to cted area 3-4 es daily; 1 pump =	1 p	ply 1-2 pumps to aff pump = 1.5 gm 300 gm 🔲	rected area 3-4 times daily;	Estradiol . SIG: App affec	
Qty: □ 300 gm □	Qty: □ 300 gm □		00 gm 🗆	Refills: _				00 gm 🗆
Refills:	Refills:	Refills:					Refills:	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
☐ DERM-2: Topical Anti Fungal Cream	☐ DERM-5: Contact Dermatitis / Eczema	TX AC (Topi		DERM-7 Plantar	Fasciitis	MGL-1A: Migraine Topiramate	3	CALP CARE - Hair Solution
Fluticasone1%	Fluticasone 1%	Niacinam	ide 5%	Diclofenac Baclofen	2%	Baclofen	2% Finas	casone 0.2% steride 0.2%
Fluconazole 2% Pentoxifylline 0.5%	Methylcobalamin 0.07% Coenzyme Q104%	Urea	cin 1%	Fluticasone Lidocaine		Cyclobenzaprine Lidocaine		oxidil 5% noin
Lidocaine 2% Hydroxyzine 2%	☐ Contact Dermatitis with pain, add:	,	eroxide 2.5% ne1%	Verapamil		Flurbiprofen Apomorphine	0.20/	women:
SIG: Apply 1-2 pumps to	Lidocaine2%		rate 0.03% Dil 3%	Add:	ide 10%	SIG: Apply 1-2 pum	(1401)	Finasteride) Apply up to 2 mls to
affected area 3-4 times daily; 1 pump =	Hydroxyzine 2% SIG: Apply 1-2 pumps to	SIG: App	ly 1-2 pumps	SIG: Apply 1-		affected area 3- daily; 1 pump =		scalp 2 times a day
1.5 gm	affected area 3-4 times		times a day as ructed;		area 3-4 times ump = 1.5 gm	Qty: 300 gm	Qty:	□ 120 ml
Qty: □ 300 gm	daily; 1 pump = 1.5 gm Qty: □ 300 gm □	1 pu Qty: 120	ımp = 1.5 gm	Qty: □ 300 gr			_	
Refills:	Refills:	Refills:	-	Refills:		Refills:	— Refill	s:
METABOLIC SUPPI			INSOMNI		BONE HE		DIET SUPPL	EMENT
Super-SB: General	Wellness SB-2:		☐ KP-1: Ins			Bone Health	□ ADP-	6
5-MTHF 500	mcg Resveratrol Powder	100 mg	Melatonin Methylcobalar			in D3 20 mg esium Oxide 400 mg		balamin 20 mg
Alpha Lipoic Acid 25 Coenzyme Q10 10			N-Acetylcystei	_	Zinc G	iluconate 69.6 mg	Coenzym	e Q10 75 mg
Methylcobalamin	5 Deta carotericiiiiiiiiiiiiiiii		Glutathione Diphenydrami			er Gluconate 7.14 mg		100 mg us100 mg
EGCG	50 mg daily		5-HTP			ne25 mg	Bupropio	n 50 mg
Glutathione10	Qty: 00_capsules		SIG: Take 1 cap	sule by mouth		zyme Q10 100 mg HF 5 mg		Husk100 mg 1 capsule in the
SIG: Take 1 capsule by mouth	twice Reillis.			at bedtime		apsule by mouth once	mor	ning as directed
daily Qty: 60 capsules Refills: P	RN		Qty: ☐ 30 caps		•	as directed ules Refills:	Qty: 30 c	apsules
					2-y, 55 caps.			
Other								
Prescriber Name: Car	los Viesca			NPI#:1	6098561	L94		
Lic. #:	DEA#:_BV80865	91		hone #: 915		I C F		
	urie El Paso							
Address:		,		1054.006				

Patient Case	4:18-Cr-00368 L	Jocume	ni 533-16	rilea o	11 0 112212	3 III I XSD - Pa Insurar	ige / OI 1/ nce info	oomps
					Carrier:			
Home Phone	Cell	Phone			Bin#		PCN#	
Address					Group #			
City El Paso		State	^{Zip} 799	38				
Allergies NKDA					Member	ID#		
Diag.					Workers (Comp	Yes	No
Diag.				Ì	DOI		Claim #	
PAIN-TRANSDE	RMAL Any added controlle	d substances m	ust be handwritten.	SCAR			STRET	CH MARK
□ NCP-7B:	□ NCP-9:	☐ GPI-2		☐ Scar				h Marks /
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		eral Pain / mmation		one1% rizine2%	☐ For elasticity, add: Hyaluronic Acid 0.2%	Elastic	city e1%
Flurbiprofen20%	Baclofen 2%		fen 20%		ylline 0.5%	Vitamin D3 0.05%	Levocetiriz	ine2%
Baclofen	Cyclobenzaprine 2%		zaprine 2%		inful scars, add:	Vitamin C 5%		ine 0.5% lase0.2%
Cyclobenzaprine 2% Gabapentin 6%	Gabapentin 6% Lidocaine		2%		ne 3%	Estradiol 0.1%		3
Lidocaine2.5%	Diclofenac 3%		ly 1.2 numns to	Gabape	ntin15%			5%
Add:	Add:		ly 1-2 pumps to cted area 3-4	SIG: Ap	ply 1-2 pumps to aff	ected area 3-4 times daily;		0.1% / 1-2 pumps to
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pumps to affected area 3-4 times		es daily; 1 pump =	1 p	oump = 1.5 gm	•		ed area 3-4 times
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.5 gm	1.5 g			300 gm □		daily;	1 pump = 1.5 gm
Qty: □ 300 gm □	Qty: □ 300 gm □		00 gm 🗆	Refills: _				0 gm □
Refills:	Refills:	Refills:					Refills:	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
☐ DERM-2:	☐ DERM-5: Contact			☐ DERM-7	•	☐ MGL-1A:		ALP CARE -
Topical Anti	Dermatitis /	(Topi		Plantar	Fasciitis	Migraine		lair Solution
Fungal Cream	Eczema		ycin 2% ide 5%	Diclofenac		Topiramate		asone0.2%
Fluticasone1% Fluconazole2%	Fluticasone 1% Methylcobalamin 0.07%		cin 1%	Baclofen Fluticasone		Baclofen Cyclobenzaprine		eride 0.2% (idil 5%
Pentoxifylline 0.5%	Coenzyme Q10 4%		20%	Lidocaine		Lidocaine		oin
Lidocaine 2%	☐ Contact Dermatitis	,	eroxide 2.5% ne1%	Verapamil		Flurbiprofen	□ I U I V	vomen:
Hydroxyzine2% SIG: Apply 1-2 pumps to	with pain, add: Lidocaine 2%		rate 0.03%	•	ide 10%	Apomorphine	(1401)	inasteride)
affected area 3-4	Hydroxyzine 2%		0il 3%	Add: SIG: Apply 1-:	2	SIG: Apply 1-2 pum affected area 3-	44:	Apply up to 2 mls to
times daily; 1 pump =	SIG: Apply 1-2 pumps to		lly 1-2 pumps times a day as	11.7	area 3-4 times	daily; 1 pump =	= 1.5 gm	scalp 2 times a day
1.5 gm	affected area 3-4 times	inst	ructed;		ump = 1.5 gm	Qty: □ 300 gm		□ 120 ml
Qty: □ 300 gm □	daily; 1 pump = 1.5 gm Qty: □ 300 gm □	1 pu Qty: 120	ımp = 1.5 gm	Qty: □ 300 g			_	
Refills:	Refills:	Refills:	-	Refills:		Refills:	Refills	:
METABOLIC SUPPI	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLI	EMENT
Super-SB: General	Wellness		☐ KP-1: Ins	omnia	☐ KP-71: B	Sone Health		
SB-1:	SB-2:		Melatonin			in D3 20 mg	☐ ADP-6	5
5-MTHF 500 Alpha Lipoic Acid			Methylcobalar	3		esium Oxide 400 mg iluconate 69.6 mg		alamin 20 mg
Coenzyme Q10 10	. ,		N-Acetylcystei Glutathione	_		1 mg		Q10 75 mg
Methylcobalamin	20 mg SIG: Take 1 capsule by n		Diphenydrami	ne 20 mg	Coppe	er Gluconate 7.14 mg	Acidophilu	ıs 100 mg
EGCG	no ma		5-HTP	150 mg		ne25 mg zyme Q10100 mg		50 mg
Glutathione10	00 mg Refills: PRN		SIG: Take 1 cap			HF 5 mg		usk100 mg 1 capsule in the
SIG: Take 1 capsule by mouth	twice			at bedtime		apsule by mouth once	morn	ing as directed
daily Qty: 60 capsules Refills: P	RN		Qty: ☐ 30 caps		•	as directed	Qty: 30 ca	psules
ey. 55 capsules nems. 1	_		eimə.		Qty: 30 capsi	ules Refills:	neillis:	
Other								
	7			-	600056	104		
Prescriber Name: Car								
Lic. #:	_{DEA#:} BV80865	591	F	Phone #: 915	-533-74	-65 Fax#:		
	rie El Paso		s 79902					
				1054.007				

Patient Case	4:18-C1-UU308 L	Jucume	HI 233-10:	Fileu 0	11 0 112212	3 III I X SD Pa Insurar	i ge 8 01 17 nce info	oomps
					Carrier:			
Home Phon	Cell	Phone			Bin#		PCN#	
Address								
City El Paso		State	Zip 79	924	Group #			
Allergies NKDA					Member	ID#		
					Workers (Comp	Yes	No
Diag.					DOI		Claim #	
				J	501		Clairi "	
PAIN-TRANSDE	RMAL Any added controlle	d substances mi	ıst be handwritten.	SCAR			STRET	CH MARK
□ NCP-7B:	□ NCP-9:	☐ GPI-2	:	☐ Scar	•		☐ Streto	:h Marks /
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		ral Pain / nmation		one1%	☐ For elasticity, add:	Elasti	•
Flurbiprofen	Baclofen 2%		en 20%		irizine2% ylline 0.5%	Hyaluronic Acid 0.2% Vitamin D3 0.05%		e1% zine2%
Baclofen 2%	Cyclobenzaprine 2%		zaprine 2%	□ For pa	inful scars, add:	Vitamin C 5%		line 0.5%
Cyclobenzaprine 2%	Gabapentin 6%	Baclofen .	2%		ne 3%	Estradiol 0.1%		dase0.2% 3
Gabapentin 6% Lidocaine	Lidocaine	Add:		Gabape	ntin15%			5%
Add:	Add:		y 1-2 pumps to	ÇIG. A.	unly 1-2 number to aff	ected area 3-4 times daily;	Estradiol	0.1%
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pumps to		ted area 3-4 s daily; 1 pump =		рју 1-2 pumps to ап pump = 1.5 gm	ecteu area 5-4 times (Idily;		y 1-2 pumps to ted area 3-4 times
daily; 1 pump = 1.5 gm	affected area 3-4 times daily; 1 pump = 1.5 gm	1.5 c			300 gm □			; 1 pump = 1.5 gm
Qty: □ 300 gm □	Qty: □ 300 gm □		00 gm 🗆	Refills:				00 gm 🗆
Refills:	Refills:	Refills:	<i>_</i>				Refills:	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
☐ DERM-2:	☐ DERM-5: Contact	□тхас	:NE #3B	☐ DERM-7	:	☐ MGL-1A:	□sc	ALP CARE -
Topical Anti	Dermatitis /	(Topi	cal)	Plantar	Fasciitis	Migraine	3 1	lair Solution
Fungal Cream	Eczema		/cin 2%	Diclofenac	5%	Topiramate	5% Flutic	asone0.2%
Fluticasone1%	Fluticasone 1%		de 5% cin 1%		2%	Baclofen		teride 0.2%
Fluconazole 2% Pentoxifylline 0.5%	Methylcobalamin 0.07% Coenzyme Q104%		20%		1%	Cyclobenzaprine Lidocaine		xidil5%
Lidocaine	□ Contact Dermatitis	,	eroxide 2.5%	Verapamil	2%	Flurbiprofen	100/	women:
Hydroxyzine 2%	with pain, add:		e 1% ate 0.03%		ide 10%	Apomorphine	0.20/	inasteride)
SIG: Apply 1-2 pumps to	Lidocaine 2%		il3%	Add:		SIG: Apply 1-2 pump	ps to SIG:	Apply up to 2 mls to
affected area 3-4 times daily; 1 pump =	Hydroxyzine 2%		y 1-2 pumps	SIG: Apply 1-		affected area 3-		scalp 2 times a day
1.5 gm	SIG: Apply 1-2 pumps to affected area 3-4 times		imes a day as ucted;		area 3-4 times	daily; 1 pump =		□ 120 ml
Qty: □ 300 gm	daily; 1 pump = 1.5 gm		mp = 1.5 gm	Qty: 300 g	oump = 1.5 gm	Qty: □ 300 gm		□
Refills:	Qty: □ 300 gm □ Refills:	Qty: 120 Refills:		Refills:		Refills:	Refill	s:
		iteliiis.						
METABOLIC SUPPI	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPL	EMENT
Super-SB: General			☐ KP-1: Ins	omnia	☐ KP-71: E	Bone Health		
SB-1:	SB-2:	100	Melatonin			in D3 20 mg	☐ ADP-6	
5-MTHF 500 Alpha Lipoic Acid			Methylcobalar	3		esium Oxide 400 mg Gluconate 69.6 mg	,	palamin 20 mg
Coenzyme Q10 10	, ,	3	N-Acetylcystei Glutathione			1 mg		2 Q10 75 mg 100 mg
Methylcobalamin	20 mg SIG: Take 1 capsule by n		Diphenydrami	ne 20 mg	Сорре	er Gluconate 7.14 mg	Acidophili	us 100 mg
EGCG	00 mg		5-HTP	150 mg		ne25 mg zyme Q10 100 mg		1 50 mg
Glutathione10	Qty: 00_capsules		SIG: Take 1 cap			HF 5 mg		lusk100 mg 1 capsule in the
SIG: Take 1 capsule by mouth	twice twice			at bedtime		apsule by mouth once		ning as directed
daily Qty: 60 capsules Refills: P	RN		Qty: □ 30 caps Refills:		•	as directed	Qty: 30 ca	
ey, or capsules nemis: 1			neillis		Qty: 30 caps	ules Refills:	Refills:	
Other								
Prescriber Name: Car	los Viesca			NIPI #• -	L6098561	L94		
	DEA#:_BV80865	591			5-533-74	I C F		
				none #:		Fax#:		
Address: 1/55 Cl	rie El Paso	, rexa		1054 000				
			GX ²	1054.008				

Patient Case	4:18-CI-00368 L	Jocume	ni 533-19:	o Filea o	n 0 112212	3 III I XSD - P8 Insurar	l ge 9 01 17 nce info 001	mps
					Carrier:			
Home Phone	Cell	Phone			Bin#		PCN#	
Address					DIII#		PCN#	
City El Pasc		StateX	Zip 7	9912	Group #			
Allergies	1	17			Member	ID#		
N	KDA				Workers (- Comp	Yes	No
Diag.					Workers	201115	103	110
					DOI		Claim #	
PAIN-TRANSDE	RMAL Any added controlle	d substances m	ust be handwritten.	SCAR	9		STRET	CH MARK
☐ NCP-7B:	☐ NCP-9:	☐ GPI-2	2:	☐ Scar			☐ Stretc	h Marks /
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		eral Pain / mmation		one1%	☐ For elasticity, add:	Elastic	•
Flurbiprofen20%	Baclofen 2%		fen 20%		irizine2% fylline 0.5%	Hyaluronic Acid 0.2% Vitamin D3 0.05%		e1% ine2%
Baclofen 2%	Cyclobenzaprine 2%		zaprine 2%	☐ For pa	ainful scars, add:	Vitamin C 5%		ne 0.5%
Cyclobenzaprine 2% Gabapentin 6%	Gabapentin 6% Lidocaine	Baclofen .	2%		ne 3%	Estradiol 0.1%		lase0.2%
Lidocaine2.5%	Diclofenac 3%			Gabape	ntin15%			5%
Add:	Add:		ly 1-2 pumps to cted area 3-4	SIG. A	only 1-2 numps to aff	ected area 3-4 times daily;		0.1%
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pumps to affected area 3-4 times		es daily; 1 pump =		oump = 1.5 gm	ected area 3-4 times daily,	11.7	1-2 pumps to ed area 3-4 times
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.5 gm	1.5 g			300 gm □			1 pump = 1.5 gm
Qty: □ 300 gm □	Qty: □ 300 gm □	Qty: □3	00 gm □	Refills:			Qty: □ 300	0 gm □
Refills:	Refills:	Refills:	J				Refills:	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
☐ DERM-2:	☐ DERM-5: Contact	□ ТХ АС		☐ DERM-7	:	☐ MGL-1A:	□ sc.	ALP CARE -
Topical Anti	Dermatitis /	(Topi	cal)	Plantar	Fasciitis	Migraine	3 H	lair Solution
Fungal Cream	Eczema		ycin 2%	Diclofenac	5%	Topiramate	5% Flutica	asone0.2%
Fluticasone1%	Fluticasone 1%		ide 5% cin 1%		2%	Baclofen		eride 0.2%
Fluconazole 2% Pentoxifylline 0.5%	Methylcobalamin 0.07% Coenzyme Q10 4%		20%		1%	Cyclobenzaprine Lidocaine		idil5% pin
Lidocaine2%	☐ Contact Dermatitis	,	eroxide 2.5%	Verapamil		Flurbiprofen		
Hydroxyzine 2%	with pain, add:		ne 1% rate 0.03%		ride 10%	Apomorphine	0.20/	inasteride)
SIG: Apply 1-2 pumps to affected area 3-4	Lidocaine		0il 3%	Add:		SIG: Apply 1-2 pum		Apply up to 2 mls to
times daily; 1 pump =	Hydroxyzine 2% SIG: Apply 1-2 pumps to		ly 1-2 pumps	SIG: Apply 1-		affected area 3- daily; 1 pump =	2	scalp 2 times a day
1.5 gm	affected area 3-4 times		times a day as ructed;		area 3-4 times	Qty: 300 gm		□ 120 ml
Qty: □ 300 gm	daily; 1 pump = 1.5 gm	1 pu	ımp = 1.5 gm	Qty: □ 300 g	oump = 1.5 gm m □]	
□ Refills:	Qty: □ 300 gm □ Refills:	Qty: 120 Refills:	-	Refills:		Refills:	Refills	:
METABOLIC SUPP	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	EMENT
Super-SB: General	l Wellness		☐ KP-1: Ins	omnia	☐ KP-71: B	one Health		
SB-1:	SB-2:		Melatonin	3 mg	KP-71: Vitami	in D3 20 mg	☐ ADP-6	
5-MTHF	. •		Methylcobalar	3		esium Oxide 400 mg		alamin 20 mg
Alpha Lipoic Acid	, ,		N-Acetylcystei Glutathione	-		iluconate 69.6 mg		Q10 75 mg
Methylcobalamin	20 mg SIG: Take 1 capsule by n		Diphenydrami			er Gluconate 7.14 mg		s 100 mg
EGCG	50 mg daily		5-HTP		Betain	e25 mg	Bupropion	50 mg
Vitamin E 19 Glutathione	Qty: 00_capsules		SIG: Take 1 cap	sule by mouth		yme Q10 100 mg IF 5 mg		usk 100 mg
SIG: Take 1 capsule by mouth	twice Refills:			at bedtime		apsule by mouth once		I capsule in the ing as directed
daily	DAT		Qty: □ 30 caps	ules		as directed	Qty: 30 cap	•
Qty: 60 capsules Refills: P	KN		Refills:		Qty: 30 capsu	ules Refills:	Refills:	
Other								
Prescriber Name: Car	clos Viesca			NIDI #.	L6098561			
		. 0 1				C F		
	DEA#:_BV80865			hone #: 🤼 💆	5-533-74	Fax#:		
Address: 1755 Ci	rie El Paso	, Texa	s 79902					
			GX ²	1054.009				

Robert Ker	4:18-cr-00368 D win	ocumen	11 333- ^{DOB} 3	Filed &	Carrier:	Insurai	nce info	oomps
Home Phone		l Phone					DCN!"	
Address					Bin#		PCN#	
City		State T	y Zip 79	9936	Group #			
<u> </u>		June II	X 210 /3	7930	Member I	D #		
Allergies NKDA					Workers C	Comp	Yes	No
Diag.						- I-		
				J	DOI		Claim #	
PAIN-TRANSDE	RMAL Any added controlle	ed substances mu	st be handwritten.	SCAF			STRET	CH MARK
☐ NCP-7B: Neuropathic &	□ NCP-9: Neuropathic &	☐ GPI-2	: ral Pain /	☐ Scal		☐ For elasticity, add:	☐ Stretch Elastic	
Chronic Pain	Chronic Pain		nmation		one1% irizine2%	Hyaluronic Acid 0.29		1%
Flurbiprofen	Baclofen		en 20%		fylline 0.5%	Vitamin D3 0.05% Vitamin C 5%		ne2% ne 0.5%
Baclofen 2% Cyclobenzaprine 2%	Cyclobenzaprine 2% Gabapentin 6%		aprine 2%		ainful scars, add: ne3%	Estradiol 0.19	6 Hyaluronida	ase0.2%
Gabapentin 6%	Lidocaine 2%		270		ntin15%		Vitamin D3	
Lidocaine2.5%	Diclofenac 3% Add:		y 1-2 pumps to					5% 0.1%
Add: SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pumps to		ted area 3-4			ected area 3-4 times daily;		1-2 pumps to
affected area 3-4 times	affected area 3-4 times		s daily; 1 pump =		oump = 1.5 gm		affecte	ed area 3-4 times
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.5 gm	1.5 g	m 00 gm □		300 gm □			pump = 1.5 gm gm □
Qty: □ 300 gm □ Refills:	Qty: □ 300 gm □ Refills:	Refills:	00 gm □	Refills:			Refills:	giii □
Refilis:	neillis:	neillis:					iteliis.	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
☐ DERM-2:	☐ DERM-5: Contact	☐ TX AC		☐ DERM-7	-	☐ MGL-1A:		ALP CARE -
Topical Anti	Dermatitis /	(Topic			Fasciitis	Migraine		air Solution
Fungal Cream	Eczema		cin 2% de 5%		5%	Topiramate		sone0.2
Fluticasone1% Fluconazole2%	Fluticasone 1% Methylcobalamin 0.07%		in 1%		2%	Baclofen Cyclobenzaprine		ride 0.2 dil5
Pentoxifylline 0.5%	Coenzyme Q10 4%	Urea	20%		1%	Lidocaine		in
Lidocaine 2%	☐ Contact Dermatitis		eroxide 2.5%	Verapamil	2/0	Flurbiprofen		
Hydroxyzine 2%	with pain, add:		e 1% ate 0.03%		ride 10%	Apomorphine	0.20/	nasteride)
SIG: Apply 1-2 pumps to	Lidocaine		il3%	Add:		SIG: Apply 1-2 pum	ps to SIG: A	pply up to 2 mls to
affected area 3-4 times daily; 1 pump =	Hydroxyzine 2%		y 1-2 pumps	SIG: Apply 1-	2 pumps to	affected area 3	51	calp 2 times a day
1.5 gm	SIG: Apply 1-2 pumps to affected area 3-4 times		imes a day as		area 3-4 times	daily; 1 pump =	= 1.5 gm Qty: [☐ 120 ml
Qty: □ 300 gm	daily; 1 pump = 1.5 gm		ucted; mp = 1.5 gm		oump = 1.5 gm	Qty: □ 300 gm]
	Qty: □ 300 gm □	Qty: 120 g		Qty: □ 300 g				
Refills:	Refills:	Refills:		Refills:		Refills:		
METABOLIC SUPP	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT
Super-SB: Genera	l Wellness		☐ KP-1: Ins	omnia	☐ KP-71: B	one Health	JOI I EE	
SB-1:	SB-2:		Melatonin	3 mg	KP-71: Vitami	n D3 20 mg	☐ ADP-6	
5-MTHF 50 Alpha Lipoic Acid 25		_	Methylcobalar			esium Oxide 400 mg		lamin 20 mg
Coenzyme Q10 1	5 Tynachar 5 Thosphate		N-Acetylcystei Glutathione	,		luconate 69.6 mg		Q10 75 mg 100 mg
Methylcobalamin	20 mg SIG: Take 1 capsule by r		Diphenydrami			r Gluconate 7.14 mg		100 mg
EGCG	50 mg daily		5-HTP	,		e25 mg	Bupropion.	50 m
Vitamin E 1 Glutathione 1	o Utv. 00 capsules		SIG: Take 1 cap	sule by mouth		yme Q10 100 mg F 5 mg		sk 100 m
SIG: Take 1 capsule by mouth	twice Refills:			at bedtime		psule by mouth once	SIG: Take 1 capsule in the morning as directed	
daily			Qty: □ 30 caps	ules		is directed	Qty: 30 cap	-
Qty: 60 capsules Refills: <u>F</u>	<u>'RN</u>		Refills:		Qty: 30 capsu	les Refills:	Refills:	
Other								
~	-1 TT'				1,6000561	0.4		
Prescriber Name: $\frac{Car}{}$				INFI#	L6098561			
	DEA#: _BV80865			Phone #: 915	-533-74	65 Fax#:		
Address: 1755 Ci	urie El Paso	, Texa	s 79902					
			GY.	1054.010				

	4:18-cr-00368 D	ocument :	033- <u>10</u> 5	Filed of	Carrier:	Insurai	ge 11 01 17 nce info	OOMPS
DOLORES LOPE		Phone						
Address	ee.ii				Bin#		PCN#	
City LAS CRUCE	יכ	State	Zip 880	11	Group #			
Allergies		State NM	Z-17 00 U		Member	ID#		
NKDA					Workers	Comp	Yes	No
Diag.					DOI		Claim #	
				J	DOI		Ciaiiii#	
PAIN-TRANSDEI	RMAL Any added controlle	d substances must b	e handwritten.	SCAR			STRET	CH MARK
□ NCP-7B: Neuropathic & Chronic Pain	□ NCP-9: Neuropathic & Chronic Pain	☐ GPI-2: General Inflamm			one1% rizine2%	•	Stretch Elastici Fluticasone	
Flurbiprofen	Baclofen	Flurbiprofen Cyclobenzapri Baclofen Add: SIG: Apply 1-2 affected	2% 2 pumps to	□ For pa Prilocair Gabaper	ylline 0.5% sinful scars, add: ae	Vitamin C 5% Estradiol 0.1%	6 Pentoxifyllir 6 Hyaluronida Vitamin D3 Vitamin C	ne
affected area 3-4 times daily; 1 pump = 1.5 gm Qty: □300 gm □ Refills: □	affected area 3-4 times daily; 1 pump = 1.5 gm Qty: □ 300 gm □ Refills:	times dai 1.5 gm Qty: □ 300 gr Refills:	ly; 1 pump =		oump = 1.5 gm 300 gm □		affecte daily; 1	d area 3-4 times pump = 1.5 gm gm
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
DERM-2: Topical Anti Fungal Cream Fluticasone	□ DERM-5: Contact Dermatitis / Eczema Fluticasone	TX ACNE (Topical) Erythromycin Niacinamide Clindamycin Urea Benzoyl Perox Fluticasone Silver Nitrate Tea Tree Oil SIG: Apply 1 3-4 times instructe 1 pumps Qty: 120 gm Refills:	2%	Add: SIG: Apply 1-: affected	5%	MGL-1A: Migraine Topiramate	3 H:	LLP CARE - air Solution one
METABOLIC SUPPL	LEMENTS		NSOMNI	A	BONE HE	EALTH	DIET SUPPLE	MENT
Super-SB: General SB-1: 5-MTHF	SB-2: Resveratrol Powder Pyridoxal-5-Phosphate Beta Carotene SIG: Take 1 capsule by m daily Oung Oun	100 mg 25 mg 2,500 IU	Melatonin Methylcobalar N-Acetylcystei Glutathione Diphenydrami 5-HTP SIG: Take 1 cap once daily Qty: 30 caps Refills:		KP-71: Vitam Magn Zinc C Boror Copp Betair Coen: 5-MTI SIG: Take 1 c daily or	Bone Health in D3	Coenzyme (5-HTP Acidophilus Bupropion Psyllium Hu SIG: Take 1	
Other								
Prescriber Name: Car	los Viesca			NPI#: _1	.6098561	194		
Lic. #:	D170006	91	F	hone #: 915	-533-74	165 _{Fax#:}		
	rie El Paso,							
Address:				1054.011				

	4:18-cr-00368 D	Courrer	DOB		Carrier:	Insurar	nce info	omps
Billy McDerr		Phone					1.001111	
Address					Bin#		PCN#	
		State -	7in		Group #			
City		State T	X Zip 79	934	Member I	D #		
Allergies NKDA					Wellibert	U 11		
Diag.					Workers C	Comp	Yes	No
Diag.					DOI		Claim #	
PAIN-TRANSDE	RMAL Any added controlle	d substances mu	st be handwritten.	SCAR			STRET	CH MARK
□ NCP-7B:	□ NCP-9:	☐ GPI-2		☐ Scar			☐ Stretch	
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		ral Pain / nmation		one1% irizine2%	☐ For elasticity, add: Hyaluronic Acid 0.2%	Elastic	1%
Flurbiprofen20%	Baclofen 2%		en 20%		ylline 0.5%	Vitamin D3 0.05%	6 Levocetirizii	ne2%
Baclofen 2% Cyclobenzaprine 2%	Cyclobenzaprine 2%		aprine 2%		inful scars, add:	Vitamin C 5%		ne 0.5% ise0.2%
Gabapentin 6%	Gabapentin 6% Lidocaine		2%		ne 3%	Estradiol 0.1%		
Lidocaine2.5%	Diclofenac		.1.2	Gabape	ntin15%			5%
Add:	Add:		y 1-2 pumps to ted area 3-4	SIG: An	ply 1-2 pumps to affe	ected area 3-4 times daily;		0.1%
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pumps to affected area 3-4 times		daily; 1 pump =	1 μ	oump = 1.5 gm		SIG: Apply affecte	d area 3-4 times
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.5 gm	1.5 g		Qty:	300 gm □		daily; 1	pump = 1.5 gm
Qty: □ 300 gm □	Qty: □ 300 gm □	Qty: □ 30	0 gm □	Refills:				gm 🗆
Refills:	Refills:	Refills:					Refills:	
DERMATOLOGIC	CAL/ACNE					SPECIALTY		
☐ DERM-2:	☐ DERM-5: Contact	□ ТХ АС	NE #3B	☐ DERM-7	:	☐ MGL-1A:	□ SCA	LP CARE -
Topical Anti	Dermatitis /	(Topic	:al)	Plantar	Fasciitis	Migraine	3 H	air Solution
Fungal Cream	Eczema		cin 2%	Diclofenac	5%	Topiramate		sone0.2%
Fluticasone1%	Fluticasone 1%		de 5%		2%	Baclofen		ride 0.2%
Fluconazole 2% Pentoxifylline 0.5%	Methylcobalamin 0.07% Coenzyme Q104%		in 1% 20%		1%	Cyclobenzaprine Lidocaine		dil5%
Lidocaine	□ Contact Dermatitis		eroxide 2.5%	Verapamil	2%	Flurbiprofen		in
Hydroxyzine 2%	with pain, add:		e 1% ate 0.03%		ide 10%	Apomorphine	0.20/	nasteride)
SIG: Apply 1-2 pumps to	Lidocaine 2%		I 3%	Add:		SIG: Apply 1-2 pum	ps to SIG: A	pply up to 2 mls to
affected area 3-4 times daily; 1 pump =	Hydroxyzine 2%		y 1-2 pumps	SIG: Apply 1-		affected area 3	30	alp 2 times a day
1.5 gm	SIG: Apply 1-2 pumps to affected area 3-4 times		mes a day as ucted;		area 3-4 times	daily; 1 pump =	= 1.5 gm Qty: \Box] 120 ml
Qty: □ 300 gm	daily; 1 pump = 1.5 gm		np = 1.5 gm	daily; 1 p Qty: □ 300 g	ump = 1.5 gm	Qty: □ 300 gm]
Refills:	Qty: □ 300 gm □	Qty: 120 g		Refills:		Refills:		
Refills:	Refills:	Refills:		NCIII3		Relilis:		
METABOLIC SUPP	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET	MENIT
Super-SB: Genera	l Wellness		☐ KP-1: Ins	omnia	☐ KP-71: B	one Health	SUPPLE	MENT
SB-1:	SB-2:		Melatonin			n D3 20 mg	☐ ADP-6	
5-MTHF 50		100 mg	Methylcobalar	-		esium Oxide 400 mg		lamin 20 mg
Alpha Lipoic Acid 25 Coenzyme Q10 1	- J Triadrian 5 Tridopriate		N-Acetylcystei	3		luconate 69.6 mg		Q10 75 mg
Methylcobalamin	5 Deta caroteriemminim		Glutathione Diphenydrami			1 mg r Gluconate 7.14 mg		100 mg
EGCG	50 mg daily		5-HTP	3		e 25 mg	· ·	50 mg
Vitamin E 1 Glutathione 1	00 mg Otv: 60 capsules		SIG: Take 1 cap			yme Q10 100 mg	Psyllium Hu	sk 100 mg
SIG: Take 1 capsule by mouth	Refills: FKIN			at bedtime		F 5 mg		capsule in the ng as directed
daily			Qty: □ 30 caps	ules		is directed	Qty: 30 cap	-
Qty: 60 capsules Refills: <u>P</u>	<u>PRN</u>		Refills:		Qty: 30 capsu	les Refills:	Refills:	
Other								
Q					6098561	0.4		
Prescriber Name: Car				INFI#				
Lic. #:	_{DEA#:} _BV80865	91	F	Phone #: 915	-533-74	65 Fax#:		
Address: 1755 Ci	urie El Paso	, Texa	s 79902					
Addiess.				1054.012				

	4:18-cr-00368 E	ocume n	t 533- <u>16</u> 5 	Filed or		in TXSD Pag Insurai	ge 13 of 17 nce info OC	MPS
LUKEK MC JI					Carrier:			
Home Phone	Cel	l Phone			Bin#		PCN#	
Address					Group #			
City LOS ANGEI	LES	StateC7	Zip 900	065		D.#		
Allergies SULFON	AMIDES				Member I			
Diag.					Workers C	Comp	Yes	No
					DOI		Claim #	
PAIN-TRANSDE	RMAL Any added controlle	ed substances mu	st be handwritten.	SCAR			STRET	CH MARK
□ NCP-7B:	□ NCP-9:	☐ GPI-2:		☐ Scar			☐ Stretch	
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		ral Pain / nmation		one1% irizine2%	☐ For elasticity, add: Hyaluronic Acid 0.2%	Elastici 6 Fluticasone	1%
Flurbiprofen20%	Baclofen 2%		en 20%		fylline 0.5%	Vitamin D3 0.05%	6 Levocetirizir	ne2%
Baclofen 2% Cyclobenzaprine 2%	Cyclobenzaprine 2% Gabapentin 6%		aprine 2%		ainful scars, add:	Vitamin C 59 Estradiol 0.19		e 0.5% se0.2%
Gabapentin 6%	Lidocaine2%		2%		ne 3% ntin 15%	Estracionimini 0.17	Vitamin D3	
Lidocaine 2.5%	Diclofenac 3%		/ 1-2 pumps to	Ganape	13%			5% 0.1%
Add: SIG: Apply 1-2 pumps to	Add: SIG: Apply 1-2 pumps to		ted area 3-4	SIG: Ap	pply 1-2 pumps to affe	ected area 3-4 times daily;	SIG: Apply	
affected area 3-4 times	affected area 3-4 times		daily; 1 pump =		oump = 1.5 gm		affecte	d area 3-4 times
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.5 gm	1.5 gi			300 gm □			pump = 1.5 gm
Qty: □ 300 gm □ Refills:	Qty: □ 300 gm □ Refills:	Qty: 🗆 30	0 gm □	Refills:			Refills:	gm 🗆
		iteliiis.						
DERMATOLOGIC						SPECIALTY		
DERM-2:	☐ DERM-5: Contact	☐ TX AC		☐ DERM-7		☐ MGL-1A:		LP CARE -
Topical Anti Fungal Cream	Dermatitis / Eczema	(Topic			Fasciitis	Migraine		air Solution
Fluticasone1%	Fluticasone 1%		cin2% de5%		5%	Topiramate Baclofen		ione 0.2%
Fluconazole	Methylcobalamin 0.07%		in 1%			Cyclobenzaprine		ride 0.2% dil 5%
Pentoxifylline 0.5%	Coenzyme Q10 4%		20%		2%	Lidocaine		in
Lidocaine 2%	☐ Contact Dermatitis		roxide 2.5% e 1%	Verapamil		Flurbiprofen	10%	omen:
Hydroxyzine2%	with pain, add:		te 0.03%	Hydrochlo	ride 10%	Apomorphine	0.2% (No Fir	asteride)
SIG: Apply 1-2 pumps to affected area 3-4	Lidocaine		I 3%	Add:		SIG: Apply 1-2 pum		pply up to 2 mls to
times daily; 1 pump =	Hydroxyzine 2% SIG: Apply 1-2 pumps to		y 1-2 pumps	SIG: Apply 1-		affected area 3	50	alp 2 times a day
1.5 gm	affected area 3-4 times	3-4 ti instru	mes a day as		area 3-4 times	daily; 1 pump =] 120 ml
Qty: 300 gm	daily; 1 pump = 1.5 gm		np = 1.5 gm	Qty: □ 300 g	oump = 1.5 gm	Qty: □ 300 gm		1
	Qty: □ 300 gm □	Qty: 120 g		Refills:			Refills:	
Refills:	Refills:	Refills:		Reillis.		Refills:		
METABOLIC SUPP	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT
Ճ Super-SB: Genera	l Wellness		☐ KP-1: Ins	somnia	☐ KP-71: B	one Health		
SB-1:	SB-2:		Melatonin	3 mg	KP-71: Vitami	n D3 20 mg	☐ ADP-6	
5-MTHF50		_	Methylcobala	min 5 mg	Magne	esium Oxide 400 mg	Methylcoba	lamin 20 mg
Alpha Lipoic Acid 25 Coenzyme Q10 1			N-Acetylcystei			luconate 69.6 mg		Q10 75 mg
Methylcobalamin	J Deta caroterie		Glutathione Diphenydram			1 mg r Gluconate 7.14 mg		100 mg
EGCG		nouth twice	5-HTP			e 25 mg		50 mg
Vitamin E 1					Coenz	yme Q10 100 mg		sk 100 mg
Glutathione 1 SIG: Take 1 capsule by mouth	s Keniis: — :		SIG: Take 1 cap once daily	y at bedtime		F 5 mg		capsule in the
daily			Qty: 30 caps			psule by mouth once is directed	mornir Qty: 30 cap	ng as directed sules
Qty: 60 capsules Refills: F	PRN		Refills:		•	les Refills:	Refills:	
_								
Other								
Prescriber Name: Car	clos Viesca			NPI#:	L6098561	.94		
	DEA#:BV80865				5-533-74	C F		
Address: 1755 Ct	urie El Paso	, Texas	s 79902					
			GX	1054.013				

Patient	4:18-CI-UU308 D	ocumer	II 222-1082	Fileu oi	1 0/122/23	ווו נאסט רמן Insurai	ce info O	omps		
					Carrier:					
Home Phone Cell Phone						Bin# PCN#				
Address										
City El Paso		StateT	X Zip 799	34	Group #					
Allergies					Member	ID#				
					Workers	Comp	Yes	No		
Diag.					DOI		Claim #			
				J	DOI		Ciaiiii #			
PAIN-TRANSDEI	RMAL Any added controlled	d substances mi	ust be handwritten.	SCAR			STRET	CH MARK		
□ NCP-7B:	□ NCP-9:	☐ GPI-2	:	☐ Scai			☐ Stretch Marks /			
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		ral Pain / nmation		one1% irizine2%	•	Elastic	ity 1%		
Flurbiprofen20%	Baclofen 2%		en 20%		ylline 0.5%	Vitamin D3 0.05%	Levocetirizi	ne2%		
Baclofen 2% Cyclobenzaprine 2%	Cyclobenzaprine 2% Gabapentin 6%	,	zaprine 2%		ninful scars, add:	Vitamin C 59 Estradiol 0.19		ne 0.5% ase0.2%		
Gabapentin 6%	Lidocaine		2%		ne3% ntin15%		Vitamin D3			
Lidocaine2.5%	Diclofenac 3%	Add: SIG: App	ly 1-2 pumps to	Gabape	11011 1370			5% 0.1%		
Add: SIG: Apply 1-2 pumps to	Add: SIG: Apply 1-2 pumps to		cted area 3-4		. ,	fected area 3-4 times daily;		1-2 pumps to		
affected area 3-4 times	affected area 3-4 times		es daily; 1 pump =		oump = 1.5 gm		affecte			
daily; 1 pump = 1.5 gm Qty: □ 300 gm □	daily; 1 pump = 1.5 gm Qty: □ 300 gm □	1.5 g	gm 00 gm □		300 gm □		daily; 1 pump = 1.5 gm Qty: □ 300 gm □			
Refills:	Refills:	•		Refilis:			Refills:			
DERMATOLOGIC	CAL/ACNE					SPECIALTY				
□ DERM-2:	☐ DERM-5: Contact	□ тх ас	NE #3R	☐ DERM-7		☐ MGL-1A:		ALP CARE -		
Topical Anti	Dermatitis /	(Topi		Plantar	-	Migraine		air Solution		
Fungal Cream	Eczema	-	ycin 2%	Diclofenac 5%		Topiramate		sone 0.2%		
Fluticasone1%	Fluticasone 1%		ide 5%		2%	Baclofen		eride 0.2%		
Fluconazole 2%	Methylcobalamin 0.07%		cin 1%	Fluticasone	1%	Cyclobenzaprine		dil 5%		
Pentoxifylline 0.5% Lidocaine 2%	Coenzyme Q10 4%		eroxide 2.5%	Lidocaine	2%	Lidocaine Flurbiprofen	100/	in		
Hydroxyzine 2%	☐ Contact Dermatitis with pain, add:		ne 1%	Verapamil	ide 10%	Apomorphine	0.20/	omen: nasteride)		
SIG: Apply 1-2 pumps to	Lidocaine 2%		ate 0.03%	Add:	ide 1070	SIG: Apply 1-2 pum	(14011)	pply up to 2 mls to		
affected area 3-4 times daily; 1 pump =	Hydroxyzine 2%		ly 1-2 pumps	SIG: Apply 1-2 pumps to		affected area 3	-4 times	calp 2 times a day		
1.5 gm	SIG: Apply 1-2 pumps to affected area 3-4 times		imes a day as	affected area 3-4 times		daily; 1 pump =	= 1.5 gm Otv: \[\]	☐ 120 ml		
Qty: □ 300 gm	daily; 1 pump = 1.5 gm		ructed; mp = 1.5 gm	daily; 1 pump = 1.5 gm		Qty: □ 300 gm]		
□	Qty: □ 300 gm □	Qty: 120		Qty: □ 300 gm □			_			
Refills:	Refills:	Refills:		Refills:		Refills:				
METABOLIC SUPPL	LEMENTS		INSOMNI	A	BONE HE	EALTH	DIET			
Super-SB: General	Wellness		☐ KP-1: Ins	omnia	□ KD 71.5	Bone Health	SUPPLE	MENT		
SB-1:	SB-2:		Melatonin			nin D3 20 mg	☐ ADP-6			
5-MTHF500		100 mg	Methylcobalar			esium Oxide 400 mg		ılamin 20 mg		
Alpha Lipoic Acid		_	N-Acetylcystei		Zinc (Gluconate 69.6 mg	Coenzyme	Q10 75 mg		
Coenzyme Q10 10 Methylcobalamin 2	5 Deta caroteriemminimi		Glutathione			n 1 mg er Gluconate 7.14 mg	5-HTP100 mg Acidophilus 100 mg			
EGCG	50 mg daily	ioutii twice	Diphenydrami 5-HTP			ne 25 mg	Bupropion 50 mg			
Vitamin E	OO mg Qty: 60 capsules		SIG: Take 1 cap			zyme Q10 100 mg	Psyllium Hu	ısk 100 mg		
Glutathione			at bedtime 5-MTHF5 mg SIG: Take 1 capsule by mouth once			SIG: Take 1 capsule in the morning as directed				
daily	daily Qty: □30 c			sig: Take I capsule by mouth once			Qty: 30 capsules			
Qty: 60 capsules Refills: P		Qty: 30 caps	Refills:							
Other										
Prescriber Name: Car	los Viesca	NPI#: -	1609856194							
						1 ()				
2101111	DEA#: urie El Paso,			none #:		FdX#:				
Address: 1755 CC	ALIC DI FASU,	ıena		1054.014						

Patient	4:18-cr-00368 D	Coarrier	DOB		Carrier:	Insurai	ace into	mps	
Home Phone Cell Phone						Bin# PCN#			
Address									
City El Paso		Group #							
Allergies				9907	Member II) #			
Diag.					Workers C	omp	Yes	No	
				J	DOI		Claim #		
PAIN-TRANSDE	RMAL Any added controlle	d substances mu	st be handwritten.	SCAR			STRET	CH MARK	
NCP-7B: Neuropathic & Chronic Pain Flurbiprofen	NCP-9: Neuropathic & Chronic Pain Baclofen	Neuropathic & Gene Inflar Baclofen		2: Scar eral Pain / mmation Levoceti fen		☐ For elasticity, add: Hyaluronic Acid	6 Levocetirizine2% 6 Pentoxifylline0.5%		
Add: SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Qty: 300 gm Refills:	Diclofenac	SIG: Appl affec time: 1.5 g	y 1-2 pumps to ted area 3-4 s daily; 1 pump = m	Gabapentin			Vitamin C		
DERMATOLOGIC	CAL/ACNE					SPECIALTY			
DERM-2: Topical Anti Fungal Cream Fluticasone	□ DERM-5: Contact Dermatitis / Eczema Fluticasone	□ TX ACNE #3B (Topical) Erythromycin		DERM-7: Plantar Fasciitis Diclofenac		MGL-1A: Migraine Topiramate	3 H	2% Finasteride	
METABOLIC SUPP	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT	
Super-SB: General Wellness SB-1: 5-MTHF			Methylcobalamin		□ KP-71: Bone Health KP-71: Vitamin D3		Methylcobalamin		
Other									
						0.4			
Prescriber Name: Car	los Viesca			NPI #:	L6098561	94			
Prescriber Name: Car	clos Viesca BV80865			INFI#					

	4:18-cr-00368 D		POR-	i iioa o	Carrier:	Insurar	nce info OOM	.ps	
Thomas Prite		I Di			Carrier:				
Home Phone Cell Phone							PCN#		
Address		Group #							
lity El Paso		State T	x Zip 79	906					
Allergies					Member II) #			
Diag.				=	Workers C	omp	Yes	No	
nag.					DOI		Claim #		
PAIN-TRANSDEF	Any added controlle	ed substances mus	st be handwritten.	SCAR			STRET	CH MARK	
□ NCP-7B: Neuropathic & Chronic Pain	opathic & Neuropathic &				one1% rizine2%	☐ For elasticity, add: Hyaluronic Acid 0.2%	Elastic	Stretch Marks / Elasticity Fluticasone	
Flurbiprofen20%	Baclofen 2%		n 20%		ylline 0.5%	Vitamin D3 0.05%	6 Levocetirizii	ne2%	
Baclofen 2% Cyclobenzaprine 2%	Cyclobenzaprine 2% Gabapentin 6%		aprine 2%		inful scars, add:	Vitamin C 5% Estradiol 0.1%		ne 0.5% ase 0.2%	
Gabapentin 6%	Lidocaine 2%		290		ne 3% ntin 15%	3117	Vitamin D3		
Lidocaine 2.5% Add:	Diclofenac 3% Add:		1-2 pumps to					5% 0.1%	
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pumps to		ed area 3-4	SIG: Apply 1-2 pumps to affected area 3-4 times dail			SIG: Apply 1-2 pumps to		
affected area 3-4 times daily; 1 pump = 1.5 gm	affected area 3-4 times daily; 1 pump = 1.5 gm	times 1.5 gn	daily; 1 pump =		1 pump = 1.5 gm Qty: □ 300 gm □			ed area 3-4 times pump = 1.5 gm	
Qty: 300 gm	Qty: □ 300 gm □		n 0gm □		500 giii 🗀			gm 🗆	
Refills:	Refills:	Refills:					Refills:		
PERMATOLOGIC	AL/ACNE					SPECIALTY			
☐ DERM-2:	☐ DERM-5: Contact	☐ TX ACI		☐ DERM-7		☐ MGL-1A:		ALP CARE -	
Topical Anti	Dermatitis /	(Topic	al)	Plantar	Fasciitis	Migraine	3 H	air Solution	
Fungal Cream	Eczema		in 2%		5%	Topiramate		sone0.2	
Fluctorazala1%	Fluticasone 1% Methylcobalamin 0.07%	Niacinamide 5% Clindamycin 1%			2%	Baclofen		ride 0.2	
Fluconazole	Coenzyme Q10 4%	Urea 20%		Fluticasone Lidocaine		Cyclobenzaprine Lidocaine		dil5 in	
Lidocaine 2%	☐ Contact Dermatitis	Benzoyl Peroxide 2.5%		Verapamil	2/0	Flurbiprofen			
Hydroxyzine2%	with pain, add:	Fluticasone 1% Silver Nitrate 0.03%		Hydrochloride 10%		Apomorphine	0.20/	nasteride)	
SIG: Apply 1-2 pumps to affected area 3-4	Lidocaine		3%	Add:		SIG: Apply 1-2 pumps to SIG: affected area 3-4 times		pply up to 2 mls to	
times daily; 1 pump =	SIG: Apply 1-2 pumps to	SIG: Apply		SIG: Apply 1-2 pumps to		affected area 3- daily; 1 pump =	31	calp 2 times a day	
1.5 gm	affected area 3-4 times	3-4 tir	nes a day as cted:	affected area 3-4 times daily; 1 pump = 1.5 gm		Qty: □ 300 gm		☐ 120 ml	
Qty: □ 300 gm	daily; 1 pump = 1.5 gm	1 pum	np = 1.5 gm	Qty: □ 300 gm □		Qty: 500 gill			
Refills:	Qty: □ 300 gm □ Refills:	Qty: 120 gr				Refills:	Refills:		
METABOLIC SUPPL	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	MENT	
Ğ Super-SB: General	Wellness		☐ KP-1: Ins	omnia	☐ KP-71: B	one Health			
5B-1: 5-MTHF500	SB-2:	100 mg	Melatonin	3		D3 20 mg	☐ ADP-6		
Alpha Lipoic Acid 250			Methylcobalar N-Acetylcystei			sium Oxide 400 mg uconate 69.6 mg		llamin 20 mg Q10 75 mg	
Coenzyme Q10 10	00 mg Beta Carotene		Glutathione			1 mg		100 mg	
Methylcobalamin	0 ma	nouth twice	Diphenydrami			Gluconate 7.14 mg		100 mg	
Vitamin E 10	ually		5-HTP	150 mg		e25 mg rme Q10 100 mg		sk 100 m	
Glutathione10	00 mg Refills: PRN		SIG: Take 1 cap			= 5 mg		capsule in the	
SIG: Take I capsule by mouth twice			once daily Qty: 30 caps			osule by mouth once	morning as directed		
DDM			Refills:	daily of as directed			Qty: 30 capsules Refills:		
Uther									
				-	6098561	94			
Prescriber Name: <u>Car</u>	los Viesca			NPI#:	10070301				
	los Viesca _{DEA#:} _BV80865		F		-533-74	C F			
ic.#:		591	F			C F			

Patient	4:18-C1-00368 D	ocume i	11 233-102	Filed of	10/122/23	Insurar	JC 17 01 17 nce info	oomps		
					Carrier:					
Home Phone Cell Phone						Bin# PCN#				
Address						ΓΟΝΉ				
City El Paso Starex Zip 79925										
Allergies 7 animin					Member I	ID#				
Aspirin					Workers (Comp	Yes	No		
Diag.					DOL		Claims #			
				J	DOI		Claim #			
PAIN-TRANSDE	RMAL Any added controlle	d substances m	ust be handwritten.	SCAF			STRET	CH MARK		
☐ NCP-7B:	□ NCP-9:	☐ GPI-2	2:	☐ Sca	r		☐ Stretcl	h Marks /		
Neuropathic & Chronic Pain	Neuropathic & Chronic Pain		eral Pain / mmation		one1%	☐ For elasticity, add:	Elastic	•		
Flurbiprofen	Baclofen 2%		fen 20%		irizine2% fylline 0.5%	Hyaluronic Acid 0.2% Vitamin D3 0.05%		!1% ine2%		
Baclofen 2%	Cyclobenzaprine 2%		zaprine 2%	☐ For p	ainful scars, add:	Vitamin C 5%		ne 0.5%		
Cyclobenzaprine 2% Gabapentin 6%	Gabapentin 6% Lidocaine	Baclofen .	2%		ne 3%	Estradiol 0.1%		ase0.2%		
Lidocaine 2.5%	Diclofenac			Gabape	ntin15%		Vitamin C	5%		
Add:	Add:		ly 1-2 pumps to cted area 3-4	SIG: A	oply 1-2 numps to affi	ected area 3-4 times daily;				
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pumps to affected area 3-4 times		es daily; 1 pump =		oump = 1.5 gm	ected area 5 Times daily,	SIG: Apply 1-2 pumps to affected area 3-4 times			
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.5 gm	1.5 (Qty: □ 300 gm □			daily; 1 pump = 1.5 gm			
Qty: □ 300 gm □	Qty: □ 300 gm □	Qty: □ 3	00 gm □	Refills:			Qty: □ 300 gm □			
Refills:	Refills:	Refills:					Refills:			
DERMATOLOGIC	CAL/ACNE					SPECIALTY				
☐ DERM-2:	☐ DERM-5: Contact	☐ TX AC		☐ DERM-7	-	☐ MGL-1A:		ALP CARE -		
Topical Anti	Dermatitis /	(Topi	cal)	Plantar	Fasciitis	Migraine	3 H	air Solution		
Fungal Cream	Eczema		ycin 2%	Diclofenac 5%		Topiramate		sone0.2%		
Fluticasone1% Fluconazole2%	Fluticasone 1% Methylcobalamin 0.07%	Niacinamide 5% Clindamycin 1%			2%	Baclofen Cyclobenzaprine		eride 0.2%		
Pentoxifylline 0.5%	Coenzyme Q10 4%	Urea 20%		Fluticasone 1% Lidocaine		Lidocaine		idil5% oin		
Lidocaine 2%	☐ Contact Dermatitis		eroxide 2.5% ne1%	Verapamil	2/3	Flurbiprofen	□ I UI W	omen:		
Hydroxyzine2% SIG: Apply 1-2 pumps to	with pain, add:		ate 0.03%	Hydrochloride 10%		Apomorphine	(14011	nasteride)		
affected area 3-4	Lidocaine2% Hydroxyzine		0il 3%	Add:		SIG: Apply 1-2 pump	A time as	Apply up to 2 mls to		
times daily; 1 pump =	SIG: Apply 1-2 pumps to		lly 1-2 pumps times a day as	SIG: Apply 1-2 pumps to affected area 3-4 times		affected area 3- daily; 1 pump =	3	calp 2 times a day		
1.5 gm	affected area 3-4 times		ructed;	daily; 1 pump = 1.5 gm		Qty: □ 300 gm	Qty: [□ 120 ml		
Qty: □ 300 gm □	daily; 1 pump = 1.5 gm		ımp = 1.5 gm	Qty: □ 300 gm □		□				
Refills:	Qty: □ 300 gm □ Refills:	Qty: 120 Refills:	-	Refills:		Refills:	Refills:			
METABOLIC SUPPI	LEMENTS		INSOMNI	A	BONE HE	ALTH	DIET SUPPLE	EMENT		
	l Wellness		☐ KP-1: Ins	omnia	☐ KP-71: B	one Health				
SB-1:	SB-2:		Melatonin		KP-71: Vitami	in D3 20 mg	☐ ADP-6			
5-MTHF 500 Alpha Lipoic Acid			Methylcobalar	,		esium Oxide 400 mg		alamin 20 mg		
Coenzyme Q10 10	. ,			N-Acetylcysteine 125 mg Glutathione 50 mg		1 mg		Q10 75 mg		
Methylcobalamin	20 mg SIG: Take 1 capsule by n		Diphenydrami	ne 20 mg	Coppe	er Gluconate 7.14 mg	Acidophilus 100 mg			
EGCG	ually		5-HTP	150 mg		ryme O10 100 mg	Bupropion 50 mg			
Glutathione10	Coenzyme Q10 100 mg ssule by mouth 5-MTHF 5 mg			Psyllium Husk100 mg SIG: Take 1 capsule in the						
SIG: lake 1 capsule by mouth twice				y at bedtime SIG: Take 1		apsule by mouth once	morning as directed			
Qty: 60 capsules Refills: PRN			, ,	- 400		as directed ules Refills:	Qty: 30 capsules Refills:			
					Qty: 30 capst	neiiii3i	neiills:			
Other										
Car	los Viesca				16098561	94				
Prescriber Name: Carlos Viesca						C F				
	DEA#:_BV80865			Phone #: 915	5-533-74	:65 Fax#:				
Address: 1755 Ci	urie El Paso	, Texa	s 79902							
				1054.017						